ADMISSION / REFERRAL PACKET

Youth Residential Program

Operating Entity	PLOMC Community Service
Program	Youth Residential Program
Effective Date	DRAFT – Pending Licensing/Administrative Approval
Review Cycle	At least annually and when law, regulation, contract, or program practice changes

People Today. Stronger Tomorrows.

Referral Cover Sheet

Youth Legal Name	**Preferred Name**
DOB / Age	**Pronouns**
Current Placement	**County / Placing Agency**
Caseworker	**Caseworker Phone/Email**
Legal Custodian	**Court / Docket Information**
Requested Admission Date	**Requested Level of Supervision**
Referral Reason	**Funding / Contract Authorization**

Required Referral Documentation Checklist

- Legal placement/custody documentation and current court orders ☐
- Current case/permanency/service plan ☐
- Social history and placement history ☐
- Current risk/safety assessments and supervision requirements ☐
- Medical history, current physical, allergies, and immunization information ☐
- Medication list, current orders and consent documents ☐
- Behavioral-health evaluations, diagnoses, and treatment recommendations ☐
- Suicide/self-harm history and current safety plan if applicable ☐
- Substance-use history and current treatment recommendations ☐
- Education records, IEP/504 plan, school contacts and transportation needs ☐
- Family/approved-contact list and visitation/contact restrictions ☐
- Incident history including aggression, elopement/AWOL, fire-setting, sexualized behavior, victimization/exploitation and law-enforcement involvement ☐
- Identification documents and insurance/benefits information when available ☐

Pre-Admission Screening

Primary Placement Need	**Strengths/Interests**
Known Triggers	**De-escalation Strategies**
Aggression Risk	**Elopement/AWOL Risk**
Self-Harm/Suicide Risk	**Sexual Safety Concerns**

Fire-Setting Risk	**Substance Use**
Medical Complexity	**Medication Needs**
Developmental/Communication Needs	**Education Status**
Family/Contact Plan	**Transportation Needs**
Cultural/Religious Needs	**Accessibility/Accommodation Needs**

Admission Decision

Decision: Accept / Decline / Pending	**Proposed Admission Date**
Approved Capacity/Bed	**Required Enhanced Staffing**
Conditions Before Admission	**Reason if Declined**
Reviewer	**Program Director Approval**

Admission-Day Checklist

- Verify identity and legal authority for placement. ☐
- Inventory belongings and secure prohibited/dangerous items according to policy. ☐
- Review resident rights, grievance process, confidentiality, house expectations, and emergency procedures. ☐
- Obtain required signatures/consents and emergency contacts. ☐
- Complete health/medication reconciliation and arrange immediate care if needed. ☐
- Orient youth to bedroom, exits, assembly area, schedule, staff and communication procedures. ☐
- Notify school/education contacts as authorized and establish transportation. ☐
- Initiate service planning and schedule required team review. ☐

Youth	Signature/Date: _____
Parent/Guardian/Legal Custodian (if applicable)	Signature/Date: _____
Placing Agency Representative	Signature/Date: _____
PLOMC Intake Staff	Signature/Date: _____